



FINANCE DIVISION FREDERICK COUNTY, MARYLAND

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FALLEN EMERGENCY WORKER TAX CREDIT CERTIFICATION OF SERVICE

This Certification of Service is made this ____ day of _____, _____ by _____, the _____ of _____, for the purpose of certifying service eligibility for Frederick County's Fallen Emergency Worker Tax Credit, as provided by Frederick County Code, Section 1-8-64.

I hereby certify, under penalties of perjury, that _____ ("Decedent"):

Was actively employed by _____ at the time of death; and

Died as a result of or in the course of employment as a law enforcement officer or while in the active service of a fire, rescue or emergency medical service; and

Decedent's death was not the result of the Decedent's willful misconduct or abuse of alcohol or drugs.

In witness to the above certification, my notarized signature is set forth below.

By: _____

Name: _____

Date: _____

STATE OF MARYLAND, COUNTY OF _____, to wit:

I HEREBY CERTIFY that on this ____ day of _____, before me a Notary Public in and for the State aforesaid, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that the above certification is true and correct and that he/she executed the same under penalties of perjury for the purposes therein contained.

AS WITNESS my hand and notarial seal.

Notary Public

My Commission Expires: _____